

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>116</u>	
District of <u>Wilkesman</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>320</u>	
Town of <u>Wilkesman</u>		Local Registrar No. <u>1</u>	
or			
City of <u>Oriz</u>	No. <u>1</u>	St. <u>1</u>	Ward <u>1</u>
If birth occurred in a hospital or institution, give its NAME instead of street and number			
2. Full name of child <u>Frances Bell Gibson</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>No</u>	5. No., in order of birth. <u>1</u>
6. Legitimate? <u>yes</u>	7. Date of birth <u>May 3<sup>rd</sup> 1923</u> (Month, day, year)		
8. FATHER Full name <u>William Walter Gibson</u>		14. MOTHER Full maiden name <u>Gracie Meyer</u>	
9. Residence (Usual place of abode) <u>Wilkesman, Gila County, Ariz.</u> If none, give place of birth and state		15. Residence (Usual place of abode) <u>Wilkesman, Gila County, Ariz.</u> If none, give place of birth and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Gillespie Co., Texas</u> (State or country)		18. Birthplace (city or place) <u>Atchison, Kansas</u> (State or country)	
13. Occupation <u>Free Man</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>yes</u> <u>3:30</u> p.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. M. Butler, M.D.</u> (Physician or midwife)	
Address <u>Wilkesman, Ariz.</u>		Given name added from a supplemental report _____ (Month, day, year)	
Filed <u>May 10</u> , 19 <u>23</u>		Local Registrar. <u>[Signature]</u>	
Filed <u>6/8</u> , 19 <u>23</u>		County Registrar. <u>[Signature]</u>	
Registrar. <u>675-503-748</u>			